



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0474	JT&8	Arlee Elem	24	EL

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:

(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.

(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 37	
Printed Name of Authorized Official	City	Zip Code
	Arlee	59821
Title	Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2004	Date Approved
	Signature



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0475	JT&8	Arlee H S	24	HS

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	PO Box 37	
Printed Name of Authorized Official	City	Zip Code
	Arlee	59821
Title	Date	

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CERTIFICATION FOR INDIRECT COST RATE
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0477	23	Polson Elem	24	EL

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	111 4th Avenue East	
Printed Name of Authorized Official	City	Zip Code
	Polson	59860
Title	Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0478	23	Polson H S	24	HS

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

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	111 4th Avenue East	
Printed Name of Authorized Official	City	Zip Code
	Polson	59860
Title	Date	

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Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0481	28	St Ignatius K-12 Schools	24	K12

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 1540	
Printed Name of Authorized Official	City	Zip Code
	St Ignatius	598651540
Title	Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
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Helena, MT 59620-2501

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	Signature



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0483	35	Valley View Elem	24	EL

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	7000 Valley View Road	
Printed Name of Authorized Official	City	Zip Code
	Polson	59860
Title	Date	

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Helena, MT 59620-2501

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CERTIFICATION FOR INDIRECT COST RATE
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0486	73	Swan Lake-Salmon Elem	24	EL

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 5086	
Printed Name of Authorized Official	City	Zip Code
	Swan Lake	59911
Title	Date	

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School Accounting and Budgeting
Office of Public Instruction
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Helena, MT 59620-2501

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CERTIFICATION FOR INDIRECT COST RATE
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
1199	30	Ronan Elem	24	EL

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

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Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Drawer R	
Printed Name of Authorized Official	City	Zip Code
	Ronan	59864
Title	Date	

Send completed form to:
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Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2004	Date Approved
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PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
1200	30	Ronan H S	24	HS

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Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Drawer R	
Printed Name of Authorized Official	City	Zip Code
	Ronan	59864
Title	Date	

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School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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	Signature



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Linda McCulloch,
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PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
1205	7J	Charlo Elem	24	EL

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Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 10	
Printed Name of Authorized Official	City	Zip Code
	Charlo	59824
Title	Date	

Send completed form to:
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PO Box 202501
Helena, MT 59620-2501

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Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
1206	7J	Charlo H S	24	HS

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	PO Box 10	
Printed Name of Authorized Official	City	Zip Code
	Charlo	59824
Title	Date	

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Helena, MT 59620-2501

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	Signature



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Linda McCulloch,
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PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
1211	33	Upper West Shore Elem	24	EL

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Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 195	
Printed Name of Authorized Official	City	Zip Code
	Dayton	59914
Title	Date	

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